

Connecting via Winsock to STN

Welcome to STN International! Enter x:x

LOGINID:SSSPTASXS1654

PASSWORD:

TERMINAL (ENTER 1, 2, 3, OR ?):2

* * * * * Welcome to STN International * * * * *

NEWS	1		Web Page URLs for STN Seminar Schedule - N. America
NEWS	2		"Ask CAS" for self-help around the clock
NEWS	3	FEB 28	PATDPAFULL - New display fields provide for legal status data from INPADOC
NEWS	4	FEB 28	BABS - Current-awareness alerts (SDIs) available
NEWS	5	MAR 02	GBFULL: New full-text patent database on STN
NEWS	6	MAR 03	REGISTRY/ZREGISTRY - Sequence annotations enhanced
NEWS	7	MAR 03	MEDLINE file segment of TOXCENTER reloaded
NEWS	8	MAR 22	KOREAPAT now updated monthly; patent information enhanced
NEWS	9	MAR 22	Original IDE display format returns to REGISTRY/ZREGISTRY
NEWS	10	MAR 22	PATDPASPC - New patent database available
NEWS	11	MAR 22	REGISTRY/ZREGISTRY enhanced with experimental property tags
NEWS	12	APR 04	EPFULL enhanced with additional patent information and new fields
NEWS	13	APR 04	EMBASE - Database reloaded and enhanced
NEWS	14	APR 18	New CAS Information Use Policies available online
NEWS	15	APR 25	Patent searching, including current-awareness alerts (SDIs), based on application date in CA/CAPLUS and USPATFULL/USPAT2 may be affected by a change in filing date for U.S. applications.
NEWS	16	APR 28	Improved searching of U.S. Patent Classifications for U.S. patent records in CA/CAPLUS
NEWS	17	MAY 23	GBFULL enhanced with patent drawing images
NEWS	18	MAY 23	REGISTRY has been enhanced with source information from CHEMCATS
NEWS	19	JUN 06	STN Patent Forums to be held in June 2005
NEWS	20	JUN 06	The Analysis Edition of STN Express with Discover! (Version 8.0 for Windows) now available
NEWS	21	JUN 13	RUSSIAPAT: New full-text patent database on STN
NEWS	22	JUN 13	FRFULL enhanced with patent drawing images
NEWS	23	JUN 20	MEDICONF to be removed from STN
NEWS EXPRESS			JUNE 13 CURRENT WINDOWS VERSION IS V8.0, CURRENT MACINTOSH VERSION IS V6.0c(ENG) AND V6.0Jc(JP), AND CURRENT DISCOVER FILE IS DATED 13 JUNE 2005
NEWS HOURS			STN Operating Hours Plus Help Desk Availability
NEWS INTER			General Internet Information
NEWS LOGIN			Welcome Banner and News Items
NEWS PHONE			Direct Dial and Telecommunication Network Access to STN
NEWS WWW			CAS World Wide Web Site (general information)

Enter NEWS followed by the item number or name to see news on that specific topic.

All use of STN is subject to the provisions of the STN Customer agreement. Please note that this agreement limits use to scientific research. Use for software development or design or implementation of commercial gateways or other similar uses is prohibited and may

result in loss of user privileges and other penalties.

***** STN Columbus *****

FILE 'HOME' ENTERED AT 15:35:43 ON 21 JUN 2005

=> set cluster

ENTER CLUSTER NAME OR (?):.biotech

ENTER LIST OF FILE NAMES OR (?):medline,biosis,biotechds,caplus,embase

MORE FILES, (NONE) OR ?:

CLUSTER '.BIOTECH' DEFINED AS 'MEDLINE, BIOSIS, BIOTECHDS, CAPLUS, EMBASE'

SET COMMAND COMPLETED

=> file registry

COST IN U.S. DOLLARS

SINCE FILE

TOTAL

ENTRY

SESSION

FULL ESTIMATED COST

0.84

0.84

FILE 'REGISTRY' ENTERED AT 15:37:49 ON 21 JUN 2005

USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.

PLEASE SEE "HELP USAGETERMS" FOR DETAILS.

COPYRIGHT (C) 2005 American Chemical Society (ACS)

Property values tagged with IC are from the ZIC/VINITI data file provided by InfoChem.

STRUCTURE FILE UPDATES: 20 JUN 2005 HIGHEST RN 852602-49-4

DICTIONARY FILE UPDATES: 20 JUN 2005 HIGHEST RN 852602-49-4

New CAS Information Use Policies, enter HELP USAGETERMS for details.

TSCA INFORMATION NOW CURRENT THROUGH JANUARY 18, 2005

Please note that search-term pricing does apply when conducting SmartSELECT searches.

*
* The CA roles and document type information have been removed from *
* the IDE default display format and the ED field has been added, *
* effective March 20, 2005. A new display format, IDERL, is now *
* available and contains the CA role and document type information. *
*

Crossover limits have been increased. See HELP CROSSOVER for details.

Experimental and calculated property data are now available. For more information enter HELP PROP at an arrow prompt in the file or refer to the file summary sheet on the web at:

<http://www.cas.org/ONLINE/DBSS/registryss.html>

=> e melagatran

E1	1	MELAFOLONE/BI
E2	1	MELAFORM/BI
E3	3 -->	MELAGATRAN/BI
E4	3	MELAIN/BI
E5	691	MELAL/BI
E6	2	MELALEUC/BI
E7	662	MELALEUCA/BI
E8	6	MELALEUCAE/BI
E9	1	MELALEUCATE/BI
E10	6	MELALEUCIC/BI
E11	2	MELALEUCOIDES/BI
E12	1	MELALEUCOL/BI

=> s e3

L1 3 MELAGATRAN/BI

=> d rn cn

L1 ANSWER 1 OF 3 REGISTRY COPYRIGHT 2005 ACS on STN

RN 303184-53-4 REGISTRY

CN Glycine, N-[(1R)-2-[(2S)-2-[[[4-(aminoiminomethyl)phenyl]methyl]amino]carbonyl]-1-azetidiny]-1-cyclohexyl-2-oxoethyl]-, ethyl ester (9CI) (CA INDEX NAME)

OTHER NAMES:

CN Ethyl melagatran

CN Melagatran ethyl ester

=> file .biotech

COST IN U.S. DOLLARS

SINCE FILE

TOTAL

ENTRY

SESSION

FULL ESTIMATED COST

7.73

8.57

FILE 'MEDLINE' ENTERED AT 15:39:30 ON 21 JUN 2005

FILE 'BIOSIS' ENTERED AT 15:39:30 ON 21 JUN 2005

Copyright (c) 2005 The Thomson Corporation

FILE 'BIOTECHDS' ENTERED AT 15:39:30 ON 21 JUN 2005

COPYRIGHT (C) 2005 THE THOMSON CORPORATION

FILE 'CAPLUS' ENTERED AT 15:39:30 ON 21 JUN 2005

USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.

PLEASE SEE "HELP USAGETERMS" FOR DETAILS.

COPYRIGHT (C) 2005 AMERICAN CHEMICAL SOCIETY (ACS)

FILE 'EMBASE' ENTERED AT 15:39:30 ON 21 JUN 2005

COPYRIGHT (C) 2005 Elsevier Inc. All rights reserved.

=> stem cell#

STEM IS NOT A RECOGNIZED COMMAND

The previous command name entered was not recognized by the system.

For a list of commands available to you in the current file, enter

"HELP COMMANDS" at an arrow prompt (=>).

=> s stem cell#

L2 233461 STEM CELL#

=> s islet(1w)langerhan#

L3 20728 ISLET(1W) LANGERHAN#

=> s insulin(2a)produc?(2a)cell#

4 FILES SEARCHED...

L4 5183 INSULIN(2A) PRODUC?(2A) CELL#

=> s pancrea?(2a)cell#

L5 92240 PANCREA?(2A) CELL#

=> s melagatran

L6 981 MELAGATRAN

=> s 303184-53-4

L7 13 303184-53-4

=> s kit

L8 90874 KIT

=> s therap?

L9 6946706 THERAP?

=> s treat?diabet?

'?' TRUNCATION SYMBOL NOT VALID WITHIN 'TREAT?DIABET?'

The truncation symbol ? may be used only at the end of a search term. To specify a variable character within a word use '!', e.g., 'wom!n' to search for both 'woman' and 'women'. Enter "HELP TRUNCATION" at an arrow prompt (=>) for more information.

=> s treat?

COMMAND INTERRUPTED

If this message appears repeatedly, please notify the Help Desk.
Enter "HELP STN" for information on contacting the nearest STN Help Desk by telephone or via SEND in the STNMAIL file.

=> s diabet?

L10 798226 DIABET?

=> s medicament#

L11 23810 MEDICAMENT#

=> s l2-l5 and l6 and l8-l9

4 FILES SEARCHED...

L12 4 (L2 OR L3 OR L4 OR L5) AND L6 AND (L8 OR L9)

=> s l2-l5 and l7 and l8-l9

4 FILES SEARCHED...

L13 0 (L2 OR L3 OR L4 OR L5) AND L7 AND (L8 OR L9)

=> d ibib l12

L12 ANSWER 1 OF 4 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN

ACCESSION NUMBER: 2005003566 EMBASE

TITLE: Novel constructs for thrombin inhibition.

AUTHOR: Becker R.C.

CORPORATE SOURCE: becke021@mc.duke.edu

SOURCE: American Heart Journal, (2005) Vol. 149, No. 1 SUPPL., pp. S61-S72.
Refs: 56

ISSN: 0002-8703 CODEN: AHJOA2

PUBLISHER IDENT.: S 0002-8703(04)00777-X

COUNTRY: United States

DOCUMENT TYPE: Journal; General Review

FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery
025 Hematology
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles

LANGUAGE: English

SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 20050113

Last Updated on STN: 20050113

=> d ibib l12 all

L12 ANSWER 1 OF 4 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN

ACCESSION NUMBER: 2005003566 EMBASE

TITLE: Novel constructs for thrombin inhibition.

AUTHOR: Becker R.C.

CORPORATE SOURCE: becke021@mc.duke.edu

SOURCE: American Heart Journal, (2005) Vol. 149, No. 1 SUPPL., pp.

S61-S72.
Refs: 56
ISSN: 0002-8703 CODEN: AHJOA2
PUBLISHER IDENT.: S 0002-8703(04)00777-X
COUNTRY: United States
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery
025 Hematology
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 20050113
Last Updated on STN: 20050113

AN 2005003566 EMBASE
TI Novel constructs for thrombin inhibition.
AU Becker R.C.
CS becke021@mc.duke.edu
SO American Heart Journal, (2005) Vol. 149, No. 1 SUPPL., pp. S61-S72.
Refs: 56

ISSN: 0002-8703 CODEN: AHJOA2
PUI S 0002-8703(04)00777-X

CY United States

DT Journal; General Review

FS 018 Cardiovascular Diseases and Cardiovascular Surgery
025 Hematology
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles

LA English

SL English

ED Entered STN: 20050113

Last Updated on STN: 20050113

AB Inhibiting thrombin, whether directly, indirectly, or by preventing its generation and biological activity, is scientifically attractive and achievable. Currently available compounds will provide an opportunity to define the degree and duration of modulation required to suppress thrombin-mediated inflammatory, mitogenic, and prothrombotic responses. The restoration of normal endothelial function and thromboresistance using cell-based, molecular, and/or combined pharmacologic and cell-specific **therapeutics** may well be the most desirable area for investigation. Regardless of the chosen approach, treatments will require a design that acknowledges the dynamic nature of atherothrombosis, individual variation in thrombotic capacity and drug response, and the importance of regulability.

CT Medical Descriptors:

*anticoagulation

enzyme inhibition

bleeding: SI, side effect

heart infarction: DT, drug therapy

heart infarction: PC, prevention

coronary artery disease: DT, drug therapy

drug blood level

stem cell

dose response

cell based gene therapy

human

nonhuman

clinical trial

review

priority journal

Drug Descriptors:

*thrombin inhibitor: AE, adverse drug reaction

*thrombin inhibitor: CT, clinical trial

*thrombin inhibitor: CM, drug comparison
 *thrombin inhibitor: CR, drug concentration
 *thrombin inhibitor: DO, drug dose
 ***thrombin inhibitor: DT, drug therapy**
 *thrombin inhibitor: TO, drug toxicity
 *thrombin inhibitor: IV, intravenous drug administration
 *thrombin inhibitor: PO, oral drug administration
 *thrombin inhibitor: PK, pharmacokinetics
 *thrombin inhibitor: PD, pharmacology
 *thrombin inhibitor: SC, subcutaneous drug administration
 *blood clotting factor 10a inhibitor: IV, intravenous drug administration
 *blood clotting factor 10a inhibitor: PD, pharmacology
 hirudin: CM, drug comparison
 hirudin: IV, intravenous drug administration
 hirudin: PD, pharmacology
 enoxaparin: CM, drug comparison
 enoxaparin: DT, drug therapy
 enoxaparin: PD, pharmacology
 melagatran: CR, drug concentration
 melagatran: TO, drug toxicity
 melagatran: PK, pharmacokinetics
 melagatran: PD, pharmacology
 melagatran: SC, subcutaneous drug administration
 ximelagatran: AE, adverse drug reaction
 ximelagatran: CT, clinical trial
 ximelagatran: CM, drug comparison
 ximelagatran: DO, drug dose
 ximelagatran: DT, drug therapy
 ximelagatran: TO, drug toxicity
 ximelagatran: PO, oral drug administration
 ximelagatran: PK, pharmacokinetics
 ximelagatran: PD, pharmacology
 2 [4 [(1 acetimidoyl 3 pyrrolidinyl)oxy]phenyl] 3 (7 amidino 2
 naphthyl)propionic acid: AE, adverse drug reaction
 2 [4 [(1 acetimidoyl 3 pyrrolidinyl)oxy]phenyl] 3 (7 amidino 2
 naphthyl)propionic acid: CT, clinical trial
 2 [4 [(1 acetimidoyl 3 pyrrolidinyl)oxy]phenyl] 3 (7 amidino 2
 naphthyl)propionic acid: CB, drug combination
 2 [4 [(1 acetimidoyl 3 pyrrolidinyl)oxy]phenyl] 3 (7 amidino 2
 naphthyl)propionic acid: CR, drug concentration
 2 [4 [(1 acetimidoyl 3 pyrrolidinyl)oxy]phenyl] 3 (7 amidino 2
 naphthyl)propionic acid: DO, drug dose
 2 [4 [(1 acetimidoyl 3 pyrrolidinyl)oxy]phenyl] 3 (7 amidino 2
 naphthyl)propionic acid: **DT, drug therapy**
 2 [4 [(1 acetimidoyl 3 pyrrolidinyl)oxy]phenyl] 3 (7 amidino 2
 naphthyl)propionic acid: IV, intravenous drug administration
 2 [4 [(1 acetimidoyl 3 pyrrolidinyl)oxy]phenyl] 3 (7 amidino 2
 naphthyl)propionic acid: PK, pharmacokinetics
 2 [4 [(1 acetimidoyl 3 pyrrolidinyl)oxy]phenyl] 3 (7 amidino 2
 naphthyl)propionic acid: PD, pharmacology
 clopidogrel: CT, clinical trial
 clopidogrel: CB, drug combination
 clopidogrel: DT, drug therapy
 acetylsalicylic acid: CT, clinical trial
 acetylsalicylic acid: CB, drug combination
 acetylsalicylic acid: DT, drug therapy
 fibrinogen receptor antagonist: CT, clinical trial
 fibrinogen receptor antagonist: CB, drug combination
 fibrinogen receptor antagonist: DT, drug therapy
 heparin: CT, clinical trial
 heparin: CM, drug comparison
 heparin: DT, drug therapy
 sr 123781a: CM, drug comparison
 sr 123781a: DO, drug dose
 sr 123781a: IV, intravenous drug administration

sr 123781a: PD, pharmacology.
aptamer: DO, drug dose
aptamer: PD, pharmacology
unclassified drug

RN (hirudin) 8001-27-2; (enoxaparin) 9041-08-1; (melagatran)
159776-70-2; (ximelagatran) 192939-46-1, 260790-58-7; (2 [4 [(1
acetimidoyl 3 pyrrolidinyl)oxy]phenyl] 3 (7 amidino 2 naphthyl)propionic
acid) 155204-81-2; (clopidogrel) 113665-84-2, 120202-66-6, 90055-48-4,
94188-84-8; (acetylsalicylic acid) 493-53-8, 50-78-2, 53663-74-4,
53664-49-6, 63781-77-1; (heparin) 37187-54-5, 8057-48-5, 8065-01-8,
9005-48-5
CN Dx 9065a; Sr 123781a

=> d 112 1-4 ibib abs kwic

L12 ANSWER 1 OF 4 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN

ACCESSION NUMBER: 2005003566 EMBASE
TITLE: Novel constructs for thrombin inhibition.
AUTHOR: Becker R.C.
CORPORATE SOURCE: becke021@mc.duke.edu
SOURCE: American Heart Journal, (2005) Vol. 149, No. 1 SUPPL., pp.
S61-S72.
Refs: 56
ISSN: 0002-8703 CODEN: AHJOA2
PUBLISHER IDENT.: S 0002-8703(04)00777-X
COUNTRY: United States
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery
025 Hematology
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 20050113
Last Updated on STN: 20050113

AB Inhibiting thrombin, whether directly, indirectly, or by preventing its
generation and biological activity, is scientifically attractive and
achievable. Currently available compounds will provide an opportunity to
define the degree and duration of modulation required to suppress
thrombin-mediated inflammatory, mitogenic, and prothrombotic responses.
The restoration of normal endothelial function and thromboresistance using
cell-based, molecular, and/or combined pharmacologic and cell-specific
therapeutics may well be the most desirable area for
investigation. Regardless of the chosen approach, treatments will require
a design that acknowledges the dynamic nature of atherothrombosis,
individual variation in thrombotic capacity and drug response, and the
importance of regulability.

AB . . . mitogenic, and prothrombotic responses. The restoration of
normal endothelial function and thromboresistance using cell-based,
molecular, and/or combined pharmacologic and cell-specific
therapeutics may well be the most desirable area for
investigation. Regardless of the chosen approach, treatments will require
a design that.

CT Medical Descriptors:
*anticoagulation
enzyme inhibition
bleeding: SI, side effect
heart infarction: DT, drug therapy
heart infarction: PC, prevention
coronary artery disease: DT, drug therapy
drug blood level
stem cell

dose response
 cell based gene therapy
 human
 nonhuman
 clinical trial
 review
 priority journal
 *thrombin inhibitor: AE, adverse drug reaction
 *thrombin inhibitor: CT, clinical trial
 *thrombin inhibitor: CM, drug comparison
 *thrombin inhibitor: CR, drug concentration
 *thrombin inhibitor: DO, drug dose
 ***thrombin inhibitor: DT, drug therapy**
 *thrombin inhibitor: TO, drug toxicity
 *thrombin inhibitor: IV, intravenous drug administration
 *thrombin inhibitor: PO, oral drug administration
 *thrombin inhibitor: PK, . . . intravenous drug administration
 *blood clotting factor 10a inhibitor: PD, pharmacology
 hirudin: CM, drug comparison
 hirudin: IV, intravenous drug administration
 hirudin: PD, pharmacology
 enoxaparin: CM, drug comparison
 enoxaparin: DT, drug therapy
 enoxaparin: PD, pharmacology
 melagatran: CR, drug concentration
 melagatran: TO, drug toxicity
 melagatran: PK, pharmacokinetics
 melagatran: PD, pharmacology
 melagatran: SC, subcutaneous drug administration
 ximelagatran: AE, adverse drug reaction
 ximelagatran: CT, clinical trial
 ximelagatran: CM, drug comparison
 ximelagatran: DO, drug dose
 ximelagatran: DT, drug therapy
 ximelagatran: TO, drug toxicity
 ximelagatran: PO, oral drug administration
 ximelagatran: PK, pharmacokinetics
 ximelagatran: PD, pharmacology
 2 [4 [(1 acetimidoyl 3 pyrrolidinyl)oxy]phenyl] 3. . . amidino 2
 naphthyl)propionic acid: CR, drug concentration
 2 [4 [(1 acetimidoyl 3 pyrrolidinyl)oxy]phenyl] 3 (7 amidino 2
 naphthyl)propionic acid: DO, drug dose
 2 [4 [(1 acetimidoyl 3 pyrrolidinyl)oxy]phenyl] 3 (7 amidino 2
 naphthyl)propionic acid: DT, drug therapy
 2 [4 [(1 acetimidoyl 3 pyrrolidinyl)oxy]phenyl] 3. . . PK,
 pharmacokinetics
 2 [4 [(1 acetimidoyl 3 pyrrolidinyl)oxy]phenyl] 3 (7 amidino 2
 naphthyl)propionic acid: PD, pharmacology
 clopidogrel: CT, clinical trial
 clopidogrel: CB, drug combination
 clopidogrel: DT, drug therapy
 acetylsalicylic acid: CT, clinical trial
 acetylsalicylic acid: CB, drug combination
 acetylsalicylic acid: DT, drug therapy
 fibrinogen receptor antagonist: CT, clinical trial
 fibrinogen receptor antagonist: CB, drug combination
 fibrinogen receptor antagonist: DT, drug therapy
 heparin: CT, clinical trial
 heparin: CM, drug comparison
 heparin: DT, drug therapy
 sr 123781a: CM, drug comparison
 sr 123781a: DO, drug dose
 sr 123781a: IV, intravenous drug administration
 sr 123781a: PD, pharmacology
 aptamer: DO, . . .

RN (hirudin) 8001-27-2; (enoxaparin) 9041-08-1; (melagatran) 159776-70-2; (ximelagatran) 192939-46-1, 260790-58-7; (2 [(1 acetimidoyl 3 pyrrolidinyl)oxy]phenyl] 3 (7 amidino 2 naphthyl)propionic acid) 155204-81-2; (clopidogrel) 113665-84-2, 120202-66-6, . . .

L12 ANSWER 2 OF 4 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN

ACCESSION NUMBER: 2004517046 EMBASE
TITLE: Blasts from the past.
AUTHOR: Insel P.A.; Kornfeld S.; Majerus P.W.; Marks A.R.; Marks P.A.; Relman A.S.; Scharschmidt B.F.; Stossel T.P.; Varki A.P.; Weiss S.J.; Wilson J.D.
CORPORATE SOURCE: P.A. Insel, 630 West 168th Street, New York, NY 10032, United States. editors@the-jci.org
SOURCE: Journal of Clinical Investigation, (2004) Vol. 114, No. 8, pp. 1017-1033.
Refs: 114
ISSN: 0021-9738 CODEN: JCINAO
COUNTRY: United States
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 005 General Pathology and Pathological Anatomy
016 Cancer
018 Cardiovascular Diseases and Cardiovascular Surgery
030 Pharmacology
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 20041228
Last Updated on STN: 20041228

AB With this issue of the JCI, we celebrate the 80th anniversary of the Journal. While 80 years is not a century, we still feel it is important to honor what the JCI has meant to the biomedical research community for 8 decades. To illustrate why the JCI is the leading general-interest translational research journal edited by and for biomedical researchers, we have asked former JCI editors-in-chief to reflect on some of the major scientific advances reported in the pages of the Journal during their tenures.

CT Medical Descriptors:
*medical research
cell aging
ketoacidosis
brain function
starvation
gallstone
hyperlipidemia
heart infarction: DT, drug therapy
growth disorder
fibrinolytic therapy
thrombus: DT, drug therapy
drug efficacy
coronary artery thrombosis: DT, drug therapy
heart hypertrophy
hypertension
glucose intolerance
glomerulopathy: DT, drug therapy
glomerulopathy: ET, etiology
atherosclerosis: DT, drug therapy
atherosclerosis: ET, etiology
thrombosis: DT, drug therapy
thrombosis: PC, prevention
inflammatory disease
phagocytosis
pneumonia: DT, drug therapy
juvenile rheumatoid arthritis: DT, drug therapy
tumor vascularization

Tangier disease: ET, etiology
drug safety
enteritis
preeclampsia
 pancreas cancer: DT, drug therapy
 pancreas cell
 stem cell transplantation
 diabetes mellitus: DT, drug therapy
 diabetes mellitus: TH, therapy
human
nonhuman
clinical trial
review
priority journal
alteplase: CT, clinical trial
 alteplase: DT, drug therapy
alteplase: PD, pharmacology
glucagon: CB, drug combination
glucagon: PD, pharmacology
adrenalin: CB, drug combination
adrenalin: PD, pharmacology
oral antidiabetic agent: PO, oral drug. . . antidiabetic agent: PD,
pharmacology
tolbutamide: CB, drug combination
tolbutamide: IV, intravenous drug administration
tolbutamide: PD, pharmacology
urokinase
streptokinase
monoclonal antibody: PD, pharmacology
integrin alpha2beta3: PD, pharmacology
integrin: PD, pharmacology
 enalapril: DT, drug therapy
enalapril: PD, pharmacology
prostaglandin synthase inhibitor
antiinflammatory agent: PD, pharmacology
interleukin 8: PD, pharmacology
antioxidant: CT, clinical trial
 antioxidant: DT, drug therapy
vasculotropin inhibitor
heparin: CT, clinical trial
heparin: CM, drug comparison
 heparin: DT, drug therapy
heparin: PD, pharmacology
thrombin inhibitor: CT, clinical trial
thrombin inhibitor: CM, drug comparison
 thrombin inhibitor: DT, drug therapy
thrombin inhibitor: PO, oral drug administration
thrombin inhibitor: PD, pharmacology
hirudin: CT, clinical trial
hirudin: CM, drug comparison
 hirudin: DT, drug therapy
hirudin: PD, pharmacology
argatroban
hirulog
 melagatran
ximelagatran: PO, oral drug administration
leptin: CV, intracerebroventricular drug administration
leptin: PD, pharmacology
interleukin 6 antibody: CT, clinical trial
 interleukin 6 antibody: DT, drug therapy
interleukin 6 antibody: PD, pharmacology
tumor necrosis factor related apoptosis inducing ligand: PD, pharmacology
 metformin: DT, drug therapy
metformin: PO, oral drug administration
metformin: PD, pharmacology

2,4 thiazolidinedione derivative
antineoplastic agent: CB, drug combination
antineoplastic agent: PD, pharmacology
unindexed drug
unclassified drug
imatinib
bevacizumab
semaxanib
2,4. . .

RN. . . (urokinase) 139639-24-0; (streptokinase) 9002-01-1; (enalapril)
75847-73-3; (interleukin 8) 114308-91-7; (heparin) 37187-54-5, 8057-48-5,
8065-01-8, 9005-48-5; (hirudin) 8001-27-2; (argatroban) 74863-84-6;
(hirulog) 128270-60-0; (**melagatran**) 159776-70-2; (ximelagatran)
192939-46-1, 260790-58-7; (metformin) 1115-70-4, 657-24-9; (imatinib)
152459-95-5, 220127-57-1; (bevacizumab) 216974-75-3; (semaxanib)
186610-95-7; (2,4 dimethyl 5 (2 oxo 1h. . .

L12 ANSWER 3 OF 4 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN

ACCESSION NUMBER: 2004510055 EMBASE
TITLE: Protecting **pancreatic** β - cells.
AUTHOR: Pileggi A.; Fenjves E.S.; Klein D.; Ricordi C.; Pastori
R.L.
CORPORATE SOURCE: Dr. R.L. Pastori, Diabetes Research Institute, Univ. of
Miami School of Medicine, 1450 NW 10th Avenue, Miami, FL
33136, United States. rpastori@med.miami.edu
SOURCE: IUBMB Life, (2004) Vol. 56, No. 7, pp. 387-394.
Refs: 70
ISSN: 1521-6543 CODEN: IULIF8
COUNTRY: United States
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 029 Clinical Biochemistry
048 Gastroenterology
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 20041217
Last Updated on STN: 20041217

AB Type 1 diabetes mellitus is an autoimmune disorder in which the
insulin-producing β - cells of the
pancreatic islets of Langerhans are selectively destroyed.
Transplantation of allogeneic islets offers a novel **therapeutic**
approach for type 1 diabetic patients. Primary obstacles to the
successful outcome of this treatment are loss of the islets occurring
first during the isolation procedure and then immediately following
transplantation. The genetic make up of β -cells contributes to
making them particularly vulnerable to apoptosis and necrosis-induced cell
death caused by the trauma of the isolation procedure and by non-specific
inflammatory events at the transplantation site. In this review we
present description of chemical and molecular biology based strategies to
confer cytoprotection to β -cells.

TI Protecting **pancreatic** β - cells.

AB Type 1 diabetes mellitus is an autoimmune disorder in which the
insulin-producing β - cells of the
pancreatic islets of Langerhans are selectively destroyed.
Transplantation of allogeneic islets offers a novel **therapeutic**
approach for type 1 diabetic patients. Primary obstacles to the
successful outcome of this treatment are loss of the islets. . .

CT Medical Descriptors:

***pancreas islet beta cell**
*cell protection
insulin dependent diabetes mellitus
autoimmune disease
insulin release
pancreas islet
allogeneic hematopoietic stem cell transplantation

treatment outcome
 isolation procedure
 genetic analysis
 apoptosis
 cell death
 inflammation
 binding site
 chemical analysis
 molecular biology
 gene therapy
 gene vector
 human
 controlled study
 human cell
 review
 calcitriol
 estradiol
 carbon monoxide
 cyclooxygenase 2 inhibitor
 glucagon like peptide
 somatomedin
 lisofylline
 dextran
 protoporphyrin
 melagatran
 nicotinamide
 peroxisome proliferator activated receptor agonist
 pyruvic acid
 proteinase inhibitor
 superoxide dismutase
 hydroxymethylglutaryl coenzyme A reductase inhibitor
 endotoxin
 scatter factor

RN. . . 32511-63-0, 66772-14-3; (estradiol) 50-28-2; (carbon monoxide)
 630-08-0; (glucagon like peptide) 82905-30-4; (lisofylline) 100324-81-0,
 151852-32-3, 6493-06-7; (dextran) 87915-38-6, 9014-78-2; (protoporphyrin)
 553-12-8; (**melagatran**) 159776-70-2; (nicotinamide) 11032-50-1,
 98-92-0; (pyruvic acid) 127-17-3, 19071-34-2, 57-60-3; (proteinase
 inhibitor) 37205-61-1; (superoxide dismutase) 37294-21-6, 9016-01-7,
 9054-89-1; (scatter factor) 67256-21-7,. . .

L12 ANSWER 4 OF 4 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED.
 on STN

ACCESSION NUMBER: 2003249349 EMBASE
 TITLE: Islet cell transplantation as a cure for insulin dependent
 diabetes: Current improvements in preserving islet cell
 mass and function.
 AUTHOR: Fontaine M.J.; Fan W.
 CORPORATE SOURCE: Dr. M.J. Fontaine, Department of Pathology, Medical
 University of South Carolina, 165 Ashley Ave., Charleston,
 SC 29425, United States. fontainm@musc.edu
 SOURCE: Hepatobiliary and Pancreatic Diseases International, (2003)
 Vol. 2, No. 2, pp. 170-179.
 Refs: 72
 ISSN: 1499-3872 CODEN: HPDIAJ
 COUNTRY: China
 DOCUMENT TYPE: Journal; General Review
 FILE SEGMENT: 003 Endocrinology
 009 Surgery
 026 Immunology, Serology and Transplantation
 037 Drug Literature Index
 038 Adverse Reactions Titles
 048 Gastroenterology
 LANGUAGE: English
 SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 20030710
Last Updated on STN: 20030710

AB Objective: To review the current progress of islet cell transplantation in patients with insulin-dependent diabetes, emphasizing on the difficulties with recovering and preserving islet cell mass and function, 30% of which is lost during the peri-transplantation period. Results: The islet-cell isolation technique is perfected, but improvements are still progressing in two major directions: preservation of islet cells and tolerance induction. Optimum islet cell viability and function depends on appropriate revascularization of the islet graft and blockade of thrombus formation as well as cytokine and free radical release. Conditioning the islet cells in-vitro prior to transplantation to either upregulate VEGF expression or downregulate NF-kappa B transcription factor has proven to improve revascularization and to prevent islet cell apoptosis and cytokine-mediated damage. Tolerance induction is currently being best achieved by selecting and combining immunosuppressive agents such as monoclonal antibodies which target the major signaling molecules during immune activation, but which are least toxic to islet cells. Conclusions: Patients with insulin-dependent diabetes will greatly benefit from current developments in effective approaches to protect islets during the peritransplant period. Emerging interest in **stem cell** biology and differentiation may provide the ultimate solution to the problem of organ scarcity and islet cell protection from the peritransplant induced damage.

AB . . . diabetes will greatly benefit from current developments in effective approaches to protect islets during the peritransplant period. Emerging interest in **stem cell** biology and differentiation may provide the ultimate solution to the problem of organ scarcity and islet cell protection from the. . .

CT Medical Descriptors:

*insulin dependent diabetes mellitus: SU, surgery

*pancreas islet transplantation

*graft preservation

treatment indication

pancreas islet cell

pancreas islet cell function

perioperative period

cell loss

cell isolation

isolation procedure

immunological tolerance

cell viability

revascularization

vein thrombosis: CO, complication

vein thrombosis: DT, drug therapy

vein thrombosis: PC, prevention

cytokine release

preoperative period

upregulation

protein expression

down regulation

treatment outcome

apoptosis

cell damage

immunosuppressive treatment

drug targeting

signal transduction

immune response

cytotoxicity

cell protection

stem cell

cell differentiation

organ transplantation

graft rejection: CO, complication

graft rejection: DT, drug therapy

graft rejection: PC, prevention
drug potentiation
diabetogenesis
diabetes mellitus: SI, side effect
diabetes mellitus: SU, surgery
human
nonhuman
mouse
review
free radical: EC, endogenous compound
cytokine: . . . agent: AE, adverse drug reaction
immunosuppressive agent: CB, drug combination
immunosuppressive agent: CM, drug comparison
immunosuppressive agent: DO, drug dose
immunosuppressive agent: IT, drug interaction
 immunosuppressive agent: DT, drug therapy
immunosuppressive agent: PD, pharmacology
monoclonal antibody: CB, drug combination
 monoclonal antibody: DT, drug therapy
monoclonal antibody: PD, pharmacology
steroid: AE, adverse drug reaction
interleukin 2 receptor antibody: CB, drug combination
interleukin 2 receptor antibody: CM, drug comparison
 interleukin 2 receptor antibody: DT, drug therapy
interleukin 2 receptor antibody: PD, pharmacology
daclizumab: CB, drug combination
daclizumab: CM, drug comparison
 daclizumab: DT, drug therapy
daclizumab: PD, pharmacology
tsukubaenolide: CB, drug combination
tsukubaenolide: CM, drug comparison
tsukubaenolide: DO, drug dose
 tsukubaenolide: DT, drug therapy
tsukubaenolide: PD, pharmacology
rapamycin: CB, drug combination
rapamycin: CM, drug comparison
 rapamycin: DT, drug therapy
rapamycin: PD, pharmacology
calcineurin inhibitor: AE, adverse drug reaction
calcineurin inhibitor: CB, drug combination
calcineurin inhibitor: CM, drug comparison
 calcineurin inhibitor: DT, drug therapy
calcineurin inhibitor: PD, pharmacology
 heparin: DT, drug therapy
heparin: PD, pharmacology
 melagatran: DT, drug therapy
 melagatran: PD, pharmacology
 thrombin inhibitor: DT, drug therapy
thrombin inhibitor: PD, pharmacology
 tissue factor pathway inhibitor: DT, drug therapy
tissue factor pathway inhibitor: PD, pharmacology
tumor necrosis factor alpha: EC, endogenous compound
gamma interferon: EC, endogenous compound
interleukin 1: EC, endogenous compound
interleukin 4: CB, drug combination
interleukin 4: CM, drug comparison
interleukin 4: IT, drug interaction
 interleukin 4: DT, drug therapy
interleukin 4: PD, pharmacology
interleukin 10: CB, drug combination
interleukin 10: CM, drug comparison
interleukin 10: IT, drug interaction
 interleukin 10: DT, drug therapy
interleukin 10: PD, pharmacology
cyclosporin A: CB, drug combination

cyclosporin A: CM, drug comparison
cyclosporin A: IT, drug interaction
cyclosporin A: DT, drug therapy
cyclosporin A: PD, pharmacology
nicotinamide: PD, pharmacology
nitric oxide: EC, endogenous compound
nitric oxide synthase inhibitor: PD, pharmacology
aminoguanidine: PD, pharmacology
n(g).

RN (vasculotropin) 127464-60-2; (interleukin 2 receptor antibody)
179045-86-4; (tsukubaenolide) 104987-11-3; (rapamycin) 53123-88-9;
(heparin) 37187-54-5, 8057-48-5, 8065-01-8, 9005-48-5; (**melagatran**
) 159776-70-2; (tissue factor pathway inhibitor) 116638-34-7; (gamma
interferon) 82115-62-6; (cyclosporin A) 59865-13-3, 63798-73-2;
(nicotinamide) 11032-50-1, 98-92-0; (nitric oxide) 10102-43-9;
(aminoguanidine).

=> log y

COST IN U.S. DOLLARS

SINCE FILE

TOTAL

ENTRY

SESSION

FULL ESTIMATED COST

64.80

73.37

STN INTERNATIONAL LOGOFF AT 15:52:03 ON 21 JUN 2005

Connecting via Winsock to STN

Welcome to STN International! Enter x:x

LOGINID:SSSPTASXS1654

PASSWORD:

TERMINAL (ENTER 1, 2, 3, OR ?):2

* * * * * Welcome to STN International * * * * *

NEWS	1		Web Page URLs for STN Seminar Schedule - N. America
NEWS	2		"Ask CAS" for self-help around the clock
NEWS	3	FEB 28	PATDPAFULL - New display fields provide for legal status data from INPADOC
NEWS	4	FEB 28	BABS - Current-awareness alerts (SDIs) available
NEWS	5	MAR 02	GBFULL: New full-text patent database on STN
NEWS	6	MAR 03	REGISTRY/ZREGISTRY - Sequence annotations enhanced
NEWS	7	MAR 03	MEDLINE file segment of TOXCENTER reloaded
NEWS	8	MAR 22	KOREAPAT now updated monthly; patent information enhanced
NEWS	9	MAR 22	Original IDE display format returns to REGISTRY/ZREGISTRY
NEWS	10	MAR 22	PATDPASPC - New patent database available
NEWS	11	MAR 22	REGISTRY/ZREGISTRY enhanced with experimental property tags
NEWS	12	APR 04	EPFULL enhanced with additional patent information and new fields
NEWS	13	APR 04	EMBASE - Database reloaded and enhanced
NEWS	14	APR 18	New CAS Information Use Policies available online
NEWS	15	APR 25	Patent searching, including current-awareness alerts (SDIs), based on application date in CA/CAPLUS and USPATFULL/USPAT2 may be affected by a change in filing date for U.S. applications.
NEWS	16	APR 28	Improved searching of U.S. Patent Classifications for U.S. patent records in CA/CAPLUS
NEWS	17	MAY 23	GBFULL enhanced with patent drawing images